

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="15784.43"/>	<input type="text" value="15784.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15737.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2380.11"/>	<input type="text" value="19582.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18117.32"/>	<input type="text" value="35367.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7750.00"/>	<input type="text" value="25000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10367.32"/>	<input type="text" value="10367.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1159.65	4349.65
(ii) Unitemized	1220.46	15233.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2380.11	19582.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2380.11	19582.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2380.11	19582.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2380.11	19582.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	7500.00	7500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	15500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7750.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7750.00	25000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2380.11	19582.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2380.11	19582.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) A. Michael J Felber		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1262109826066
Mailing Address 14 Lochmoor Court		Amount of Each Receipt this Period 30.00
City Timonium State MD Zip Code 21093	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation SVP, SALES	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John A Picciotto		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1262110226066
Mailing Address 704 Sussex Road		Amount of Each Receipt this Period 60.00
City Towson State MD Zip Code 21286	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation EVP & GENERAL COUNSEL	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rita A Costello		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1262117326066
Mailing Address 1911 Corbridge Lane		Amount of Each Receipt this Period 36.00
City Monkton State MD Zip Code 21111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Weekly)
Name of Employer CareFirst of Maryland, Inc Occupation SVP, STRATEGIC MARKETING	Aggregate Year-to-Date 288.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. Aliza Rothenberg
Full Name (Last, First, Middle Initial)
Mailing Address 3413 Deep Willow Avenue
City Baltimore State MD Zip Code 21208
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst of Maryland, Inc Occupation AVP, MARKET PLNG & ANALYSIS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1262119126066
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$0.00)

B. Wanda K Oneferu-bey
Full Name (Last, First, Middle Initial)
Mailing Address 1319 Robin Road
City Pikesville State MD Zip Code 21208
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst of Maryland, Inc Occupation AVP, INDIV SALES, TRNG, DVLPMT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **672.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1262121126066
Amount of Each Receipt this Period **96.00**
P/R Deduction (\$16.00 Weekly)

c. Meryl D Burgin
Full Name (Last, First, Middle Initial)
Mailing Address 3 Sapphire Hill Ct.
City Baltimore State MD Zip Code 21209-1563
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst of Maryland, Inc Occupation Vice President & DEPUTY GENERAL COUNSI
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR1262151826066
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$2.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... **156.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. William V Stack
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Farm Ridge Court
 City State Zip Code
 Baldwin MD 21013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CareFirst of Maryland, Inc VP, CORPORATE CONTROLLER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR1262156126066
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$10.00 Weekly)

B. Sandra A Dilworth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Tottenham Court
 City State Zip Code
 Baltimore MD 21234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CareFirst of Maryland, Inc DIRECTOR, NETWORK & DESKTOP SE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR1262162726066
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$4.00 Weekly)

C. Gregory M Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fox Creek Court
 City State Zip Code
 Owings Mills MD 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CareFirst of Maryland, Inc EVP, CFO & TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR1262210226066
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. Daniel J Winn
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 Five Farms Lane
 City Timonium State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst of Maryland, Inc Occupation AVP & MEDICAL DIRECTOR III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1262230726066
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$0.00)

B. Wanda H Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 5209 Janesdale Court
 City Glendale State MD Zip Code 20769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst of Maryland, Inc Occupation DIRECTOR, CORPORATE TAXATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1262249726066
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$0.00)

C. Kevin C O'neil
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 W. 40Th Street
 City Baltimore State MD Zip Code 21211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareFirst of Maryland, Inc Occupation VP, PROJECT MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1262299526066
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) A. Winston Wong		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 1998 Conan Doyle Way		Transaction ID : PR1262303726066
City Eldersburg	State MD	Zip Code 21784
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer CareFirst of Maryland, Inc	Occupation AVP, PHARMACY	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Michael B Edwards		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 14236 Bradshaw Drive		Transaction ID : PR1262403026066
City Silver Spring	State MD	Zip Code 20905
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer Group Hosp & Med Srvcs, Inc	Occupation SVP, NETWORKS MANAGEMENT	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. Gwendolyn D Skillern		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 9925 Middle Mill Dr.		Transaction ID : PR1262714626066
City Owings Mills	State MD	Zip Code 21117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 42.00	
Name of Employer CareFirst of Maryland, Inc	Occupation SVP, AUDIT	P/R Deduction (\$12.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. Darlene L Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 8152 Bell Tower Crossing
City Pasadena State MD Zip Code 21122
FEC ID number of contributing federal political committee. **C**
Name of Employer Group Hosp & Med Svcs, Inc Occupation AVP, PROF REL&PERF BASED PGMS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1263207526066
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00)

B. Zev B Lavon
Full Name (Last, First, Middle Initial)
Mailing Address 4804 Hawksbury Road
City Baltimore State MD Zip Code 21208
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst of Maryland, Inc Occupation ARCHITECT, ENTERPRISE III
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1263254226066
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00)

C. Maria H. Tildon
Full Name (Last, First, Middle Initial)
Mailing Address 5616 Cross Country Blvd
City Baltimore State MD Zip Code 21209-4418
FEC ID number of contributing federal political committee. **C**
Name of Employer CareFirst BlueCross BlueShield Occupation SVP, PUBLIC POLICY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1538197926066
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)..... 90.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) A. Brian Wheeler		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR1672113226066
Mailing Address 1825 Ingleside Terrace, NW		Amount of Each Receipt this Period 25.65
City Washington State DC Zip Code 20010-1009	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)
Name of Employer CareFirst BlueCross BlueShield Occupation SPEC. ASST TO THE PRES & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.20

Full Name (Last, First, Middle Initial) B. Tonya Vidal Kinlow		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR1705271426066
Mailing Address 3952 2nd St., SW		Amount of Each Receipt this Period 30.00
City Washington State DC Zip Code 20032-1421	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)
Name of Employer CareFirst, Inc. Occupation Vice President, Government Affairs, DC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) C. Mr. Chester Burrell		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : PR1727227326066
Mailing Address 3023 O Street		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20007-3108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00)
Name of Employer CareFirst, Inc. Occupation President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00

SUBTOTAL of Receipts This Page (optional).....▶	175.65
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

A. Steven Margolis
Full Name (Last, First, Middle Initial)
Mailing Address 4812 Attenborough Way
City Ellicott City State MD Zip Code 21043-6870
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Senior Vice President, ASU Small - Med
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1734774726066
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00)

B. Michael Avotins
Full Name (Last, First, Middle Initial)
Mailing Address 8 Springhill Farm Court
City Cockeysville State MD Zip Code 21030-1400
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Senior Vice President, ASU - LARGE GRO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1932841426066
Amount of Each Receipt this Period 30.00
P/R Deduction (\$0.00)

C. Mr. Fred Plumb
Full Name (Last, First, Middle Initial)
Mailing Address 8207 Mount Vernon Highway
City Alexandria State VA Zip Code 22309-1915
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation SVP ASU - FEP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 760.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1934102926066
Amount of Each Receipt this Period 120.00
P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial) A. Mrs. Deborah Rivkin			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 841 Sand Cherry Lane			Transaction ID : PR1937212426066
City Laurel	State MD	Zip Code 20723	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$0.00)
Name of Employer CareFirst BlueCross BlueShield	Occupation VP GOVERNMENT AFFAIRS MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Mr. Kenny Kan			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 12823 MacBeth Farm Lane			Transaction ID : PR1947461026066
City Clarksville	State MD	Zip Code 21029-1556	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$0.00)
Name of Employer CareFirst BlueCross BlueShield	Occupation CHIEF ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00		

Full Name (Last, First, Middle Initial) C. Mr. Harry D Fox			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 10421 Logan Drive			Transaction ID : PR1961330626066
City Potomac	State MD	Zip Code 20854-3912	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			P/R Deduction (\$0.00)
Name of Employer	Occupation SVP, TECHNICAL & OPS SUPPORT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line number only).....▶	1159.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. BluePAC

Mailing Address 1310 G Street NW

City Washington, State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 48474557

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Avenue NW Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eleanor Norton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : 48301947

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

250.00

TOTAL This Period (last page this line number only)..... ▶

250.00